CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			T
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
	Muduupa uup	<u> </u>	
3 CANDIDATE/	M8/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	/'	E	Date Received
NAME	L. S.A.		Date Neceived
	NICKNAME LAST	SUFFIX	1
			2011
	INRIVER		
A CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; 222 BAVELLETT #504	STATE; ZIP CODE	APR
4 CANDIDATE / OFFICEHOLDER	ADDRESS / FO BOX, AFT / SOITE #, OIT,	STATE, ZIF CODE	l Roc
MAILING	1222 BARILETI 4909		
ADDRESS	110		Date Hand-delivered or Postmarked
l	E19450 TX 79912		
change of address			-
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed N M
OFFICEHOLDER			Date Processed
PHONE	(915) 504 5833		9 4
			Date Imaged
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Bute imaged
TREASURER NAME	LisiA.	E	
INAME	NICKNAME LAST	SUFFIX	
		SUFFIX	
	1 urver		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	222 BURITETT #504		
ADDRESS			
(residence or business)	E1PA50 1X 79912		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(915) 504 68 33		
PHONE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9 REPORTTYPE			15th day after compaign traceurer
	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	District Office of the Constitution	Entrada de CONTRA	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	I -	•	
COVERED	03/14/1011 THROUGH	04/14,	/ 26 11
			0
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year		<u></u>
]	05/14/2011 Primary	Runoff	General Special
	23 1 1 1 2011		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if knows	n)
		1 1 had 1	Dispire
		City Louisi	Disiriu &
14 NOTICE	DIDECT CAMPAIGN EVENINE TO A SECOND CONTROL OF THE	IDEO HADE DV OT ITEM	CANDIDATE'S REIOR CONSTITUTE OF ARCHITECT
OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIC	ON ONLY IF THEY RECEIVE NOTIFICATI	ON OF THE DIRECT CAMPAIGN EXPENDITURE.
EXPENDITURE	Name		· · · · · · · · · · · · · · · · · · ·
BYOTHER	Hamo		
INDIVIDUALS			
1	Address / PO Box; Apt. / Suite #; City; State; Zip Co	de	1.0
	ridardo FPO Box, Apr. Fourier #, City, State; Zip Cot	ue .	
additional pages			
	· ·		
	<u> </u>		
	GO TO PAG	GE 2	
OG TOTAGE I			
L			

CANDIDATE / OFFICEHOLDER REPORTREDET. FORM C/OH SUPPORT & TOTALS | 701| APR | 4 PM 2: 01 COVER SHEET PG 2

P.O. Box 12070

		- 2011 RT N 1 4 1 11 Z	
15 C/OH NAME	ISA E	lens luraer	16 ACCOUNT# (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	·
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	· .
18 CONTRIBUTION TOTALS			HAN 8 50.00
	t .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS,		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS IT	EMIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1564.82
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
19 AFFIDAVIT		I swear, or affirm, under penalt	y of perjury, that the accompanying report
DOLORES M. JENKINS NOTARY PUBLIC In and for the State of Texas My commission expires 04-25-2014 DOLORES M. JENKINS NOTARY Public In and for the State of Texas Signature of Candidate or Officeholder			
AFFIX NOTARY STAN		me by the soid Lisa Flore Tue	Ther , this the
Sworn to and sub		me, by the said <u>Lisa Elena Tur</u> , 20 <u>_//</u> , to certify which, witnes	s my hand and seal of office.
Apolores A Clarkons Dolores M. Teakins Adday Signature of officer administering oath Printed name of officer administering oath Title officer administering oath			
Oliginature of officer durining out.			

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

(TDD 1-800-735-2989)

2011 APP II PM 2: DI

	2011 MTN 14 TH 2-01			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Sc Food/Beverage Expense Tr Polling Expense Tr	alaries/Wages/Cont olicitation/Fundraisi avel In District avel Out Of Distric ffice Overhead/Rer	ract Labor I ng Expense - ot ntal Expense (Loan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) n.
1 Total pages Schedule G:	2 FILER NAME	r	· ·	3 ACCOUNT # (Ethics Commission Filers)
4 Date 19 Marticles 2011	5 Payee name City Cleveld El	PASO 1	<u></u>	
6 Amount (\$) 2 50,00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2 Civic Center Plaza El Paso Tx 79901			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the	nis schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date /BMUTURCH 2011	Payee name COUNTY Election	us DePr	trimen	T
Amount (\$) 25,00	Payee address; City; State; Zip Code 500 E. Sir N Autonio			
Reimbursement from political contributions intended	EIPASOTEXUS 79	9901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the SIRCIZ - MAP 3 Voice	enz List	Description ((If travel outside of Texas, complete Schedule T)
Date 29 MiAUZUL 2011	Payee name Cloud Chawel	ovida	00 P	
Amount (\$) 1/93.00 Reimbursement from political contributions intended	Cloud Chawel Payee address; City; State; 2305 SPARKUMM EIPASO TEXAS 7;		21	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Aurentifications)	·	Description	(If travel outside of Texas, complete Schedule T)
25 murzch 2011	Payee name Well'S FARGO			
Amount (\$) \$\mathcal{G}_{\mathcal{t}} \ 0 \ 0 Reimbursement from political contributions intended	Payee address; City; State; 4600 WoodRow B E(PASO 1X	Zip Code 30:AUTR 7992	Aasmos	e Thia RD,
PURPOSE OF	Category (See categories listed at the top of the	his schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fee			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

: 2011 APR 14 PM 2: 01

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2	Lisa E. Turaer		
4 Date	5 Payee name		
4/5/11	7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
354,46	6844-B FIRST SI,		
Reimbursement from political contributions intended	CANVIIIO TX 78835		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Moversising Expense		
Date	Payee name		
4/4/11	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		•
	6844-13 FIRST ST.	,	
Reimbursement from political contributions intended	CANUTI110 TX 7983	5	
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		
Date	Payee name		,
4/12/11	Payee address; City; State; Zip/Code	re	
Amount (\$)			
26,81	6844-B FIRST ST.		
Reimbursement from political contributions intended	CANUTI110 TX 798	35	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		
Date	Payee name	,	A Committee of the Comm
Amount (\$)	Payee address; City; State; Zip Code		•
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 2: 01

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	LISA (URUE'S	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/1/1/	5 Payee name AFFORDABLE 5505 7 WOOD 7 Payee address; City; State; Zip Code	0
6 Amount (\$)	7 Payee address; City; State; Zip Code 6844-B Firest ST	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVENTILS ONCE: EXPORTED	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officebolder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED